

### PHYSICIAN PROGRESS NOTES

Patient Name \	Bou	d Coutres 1.D. # 208921 Institution	No. of the latest section of the latest sect
DATE	TIME	NOTES	SIGNATURE
12/13/0		B/P 129/80 P80 R 20 T.968	·
	5.'	My Stanach hurs. I have a bump on my face	
		· Fenderuge moderageastra Regin + 35all 4 quads	
		øxenderness la palpation in love quadrants	
		Integerment - firming Kliscess chim 10mm jaduaria	
	A	H. Pylor @ test	
	0	Torman Absoss	
	<i></i>	Tetracquire 500m 7 PO tid x 14 days	
		Repto Bisnel tablets 2 portio x 14days	
		Zantac 150 7 PO 3.0 x 142cus	
		Flagge 5cles FRO B. d x 14days Rod of blood - stock of par or fever	
		and some and the control of the cont	RNP
2-18	-03	0915 (wt. 13) 112/86. 80: 18. 962. 971./21	
	3	WEIGHT WIS - Do judwight los in fact mith lightly	W. ho lik
		Dem 1 Dr.	
	2	Led but Aprile lite - truth go "but" hindy	
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		abd- al, w 11 cm, at BS	
		We han? etch. (Had Off Dland with)	10.00
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128/03	1	138 118/76 69 18 97.80	sprine
-	S A	I am hours a hig stemache adde which multiple complants	
		Of will be refused to be belong of continues to argue	
-		Depurging Unable to redirect po Chabase	
CMSAL-00	11	The	



## Physician's Progress Notes

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te Time	Notes Wust Be Signed By Physician
05/18/01	5: yo @ lateral + ant chest pain "sharp - comes + ques"
	not assec. i movement, breathing, exertion. & now
	a diaphoresis. D meds
	O' Smiling Caughins A+O, NAD Heart RRR-OM
	Lung: clear Att Non lay + montabored sian with
	can refiel 63 sec. Chest! (i) lateral & ant. Chest c
	? tendernes à pale (unable to assess due to pt.
	inconsist & affect + level of pain)
	A: (i) chest pain
	P: ne EKG - 5/13/01
	RTC pm
	2.00 0.01/10
13/0 12:12	0/0 Spring AIR VIS 6, sat 98- P 86, BP/18/68
703 1	R22. Obalet, romable sign of SOB. approvis
	It c/D lists or his august
0/11/03	1356) I feel like mer bland pressure is up and I'm how my a hourt offine.
	(O) DIV2 No distress noted kern ever latin. Skin color lehell, all
	colours Deuro assessment-will-bilat ecreatarip-petikit. No alapropersi
	One rosis a otal. No 5/5 of sumbhess to eath Mittellic Steader Gail
	16 40 tinding toestremities 16 40 HAS or chestoria. \$1050Bajoted.
	(A) Assissment per DOC P BP taken 100 this tour, auchisa
	to follow sick call procedure for further (10; Holling shift affice
	Joh ER- Varmer (P)
2-74-03 1	20m (5) "My mouth is numbs from Mintox," (0) Algot + 1) x 3, 9k in W10 to
	touch Rasp avend non 12 bord 02 Gat. 99%, Up and WILL A botoned
	Goft, non-tandar, non-distanced 15/x4. (op ref. 11/2 gaconas, (+31 Ason
4:	Bandparte good. Ate top trays No acuta distrasa. (A) Allarad comfort
	1923 obsurvation, PNotity nurge when ready to lazer Suncham Remodelle Inmate No)  First  OF PROPERTY OF THE STATE OF THE PROPERTY OF THE PROPE
lame - Last	d Courtney 258921
<u> </u>	7

### **DEPARTMENT OF CORRECTIONS** TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record	RELEASED: Inmate/Healt	h Record	ALLERGIES:		
Institution:	Institution: ///	1			
Date: Time: AM/PM RECEIVED FROM: Institution/Work Release Center/Free-World Hospital  RECEIVING MEDICAL STATUS  Population  Infirmary  Isolation  LAB RESULTS LAST REPORT  Date Norm  CBC	RELEASE FROM:  Infirmary  Population  Other  RELEASE TO:  DOC Infirm  Institution/Work Release C	Wears Glasses/Conta	YES NO	: <u>3/3/v)</u> :: !3/02) (3	
Urinalysis (413463)		Hearing Aide Other Prosthesis		eving Nurse	
CURRENT OR CHRONIC MEDICAL/DENTAL/MENT	AL HEALTH PROBLEMS O Gov H pyloric				
CURRENT MEDICATION DOSAGE AND FREQUE	ENCY	MEDICATIONS X-RAY FILM HEALTH RECORD Released to:	Sent w / inmate Sent w / inmate Sent w / inmate	Not sent w	/ inmate
Chone			Time: Received Received Received	Not Receive Not Receive	ed ed
SCHEDULE FOR CHRONIC CARE CLINIC			YES	□ NO	
DATE: LAST CLINIC:		Received by: Signature Date:	of Receiving Nurse	ΔΜ	/PM
FOLLOW-UP CARE NEEDED Date  Medical Dental  Mental Health	Time With Who	om Location (Sending N		Appt. Made w/Wh	···
NOTHER PERTINENT NURSING ASSESSMENT  Signature of Nurse Completing Assessment (Sending Nurse)  NOTHER PERTINENT NURSING ASSESSMENT  Signature of Nurse Completing Assessment (Sending Nurse)	Open Sore Lice Local Roll Onity Oned from imate assessment) Onity	y st tive	Height Weight Blood Pressu Temperature Pulse Resp. Other		Date
INMATE NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	Race/Sex	FAC.

### DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record	RELEASED: Inmate/Health	Record	ALLERGIES:	_
Institution:	Institution:	1 102	$\phi$	
Date: Time: AM/PM RECEIVED FROM: Institution/Work Release Center/Free-World Hospital  RECEIVING MEDICAL STATUS	Population M Other RELEASE TO:	egregation lental Health ry	PHYSICAL EXAMINATION  Date of last exam:  Chest X-Ray Date:  PPD Reading 3-21-03   Classification:  Limitations:	-
LAB RESULTS LAST REPORT  Date Norr  CBC  Urinalysis  ——————————————————————————————————		Wears Glasses/Contact Dental Prosthesis Hearing Aide Other Prosthesis	YES NO KEADIS	
CURRENT OR CHRONIC MEDICAL/DENTAL/MENT	4	COMPLAINTS		
	Q.			
CURRENT MEDICATION DOSAGE AND FREQU  SCHEDULE FOR CHRONIC CARE CLINIC  DATE: LAST CLINIC:	ENCY	X-RAY FILM HEALTH RECORD Released to:  Date: 3  MEDICATIONS  X-RAY FILM HEALTH RECORD CHART REVIEWED Received by:	of Receiving Nurse	
		Date: 3/11	104 Time: 1735 PANCEN	_
Medical Dental  Mental Health  Mental Health  Drug Use Mental Illness Suicide Attempt Chronic Care  OTHER PERTINENT NURSING ASSESSMENT  Signature of Nurse Completing Assessment (Sending Nurse)	Time With Who  Open Sores Lice Lice Lice Segma Warm & Dr Cool & Mois Oriented Uncooperat Uncooperat Date	y st	INTAKE  Sick Call Procedures Explained  Height  Weight  Blood Pressure  Temperature  Pulse Resp.  Other  Nurse (Recriving Nurse)	Se
INMATE NAME (LAST, FIRST, MIDDLE)		00C#	DOB Race/Sex FAC.	ζ.
1 Daya, Callery		100840	VIII DIN CUIO	

	くプ	aprtate,	Ync.	
	Health S	Services Re	auest Form	equesi <u>9-3-03</u>
Inmate Name Mr. And		of Birth		Loc. D-3-297
AIS No. 208921  Nature of problem or request	Too	ed to see th	e doctor for the	· foilowing thing:
I my back is h	411,00 Z	150 I 105	+ 15 pounds in	Week. And left
eye is in paine			-	
Sign here for consent to be tre	eated hy healt	h staff for the cond	lition described above.	Joseph Dad
Jigh hord for consent to be the	Place this	slin in Medical	Box or designated a	Lea-
			ELOW THIS LINE	
	DO 1			SEP_4 2003 ∭
,		Health Care Do	ocumentation	3y
Subjective;				to the second transfer and transfer
	س مزر باور			
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Objective: BP	P	R		
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Assessment				
Plan:	· ·			•
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Refer to: PA/ Physician Education:		Mental Health	Dental	
Second of the se			· · · · · · · · · · · · · · · · · · ·	
Protocol used: (specify)		· · · _ · 1	P. 4 1 26	0r 9 11 02
Signature Donahar		Title	7 / Time 1/8	1 Date 7-4-3

Case 2:06-cv-00	511-WKW-CSC	Document 2	8-6 <sub> </sub> Filed 0	8/24/2006	Page 7 of 50	
RECEIVED SEP 1 7	∠ <del>7</del> Y·(	aprtare	e, knc.			1
	Health Se	ervices R	equest F	form	quesi 9-17-	3
Inmate Name Contenus	13AIA	<u>-</u>		_ Date of As	oc. <u>D-7-29</u>	7
	Date of	Birth 🔏				!
JS No. 208921  Nature of problem or reque	SI My Back	has brine	3 VC M	e proper	1	:
Tractor or production						
						<del></del>
		<u> </u>				
	:					<del></del>
			dicion descrit	ned above. /	Verden !	ZUS.
Sign here for consent to be t	reated by healthis	tati for the col	1 Dalie or day	nimated are	28	
	Place this \$1	ib in infector	1 Day of go.	316114100	<b>-</b>	
	DO NO	T WRITE B	ELOW TH	IS LINE		
'	H	ealth Care D	ocumentatio	on		
Subjective:			.•	•		
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Objective: BP	Р	_ R		T	WT	
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fer to: PA/Physician	Mer	ntal Health	D	ental		
Jeation;						
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ocol used: (specify)						<del>-  </del>
		Tide	Tim	<u> </u>	) a r e:	<del> </del>

CHAPITATE, Z. C.
Health Services Request Form  Date of Request 2-17-03
Inmate Name Mr. Creation Man. Housing Loc. D-7-291
Date of Bian
Nature of problem or request There to see the
problem, and about my weigt is still aroping, and
eyo,
- Indehous Institute Park
Sign here for consent to be treated by health staff for the condition described above and the staff for the condition described above and staff for the condition described above.
Place this slip in Medical Box of State
DO NOT WRITE BELOW THIS LINE GE I TEN
AUG 1 3 2003
Health Care Documentation
Subjective:
Subjective: Weight loss of 15/bs, sinch 2 weeks
790 (D) gas has plury Vision, I well port
CIVILI DECOSESICS back for my back. And my double 140
ralphiciply BP 102/68 P-55
Profest to infly many with back pain rather
10 on 2 1-10 scale, Eye problem for 3-4 days, PERRIA, Daya, 20/70, on Eye chart, Assessment: Alteration in constart
10 on 2 (+10 scale) Lye on guy chart
PERRIA CONSTAT
Plan: TO CONTRACTOR IN CONTRACTOR
Plan: Rafac to MD,
Refer to: PA/ Physician Mental Health Dental
Education: Warm comprasses for back pain. No heavy
lifting, No stranuous axercise. No sports.
r real used: (specify) Dackacha

# vaprtare, inc.

Health Services Request Form  Date of Request 4-14-07
Inmate Name Coccient There
Nature of problem or request <u>Thure been problem</u> with my back for over
two mante kegues + to see Doctor
Sign here for consent to be treated by health staff for the condition described above.
Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE
Health Care Documentation 同臣 医 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图
Subjective:
My back hurts for over APR 15 2003
Subjective:  My back hurts for over APR15 2003  two months
two months
Objective: BP 100/60 P 66 R 20 T 9/2 WI 135
Pain rated 6 on 1-10 scale.
$\cdot$
Assessment: Altarad confort
Plan: Rafar to MD.
Refer to: PA/ Physician Mental Health Dental
Education: No hazyy lifting 1 No strangous activity.
No sport
F ocol used: (specify) DJCE JGFA
Signature Mymbinghown / Title RN Time /100 Date 4-15-03

	(JraphTate,	i n
ý.	Health Services Requ	uest Form
Inmate Name Court	* ***	Date of Request 3-3-02
	Date of Birth	Housing Loc. 1-2-2-47
		- I lost Welge in the
Jost 1N2 do	W. Also the low ALA	in a storphashie
	<del></del>	
Sign here for consent to be	e treated by health staff for the conditio	n described above.
•	Place this slip in Medical Bo	grant and the state of the stat
	DO NOT WRITE BELC	OW THIS LINE. 198 BELL VIEW
		F52 0 B 222
•	Health Care Docum	nentation 2003
Subjective:		nomation
•	C 1 11 7	
My jou	V taels like ils c	coming 10092 when
· whow t	lit it on the 121/	control 10092 when I
Objective: BP_90/60	0 P62 R 20	T 97.3 WT 122
pregented t	o intituded with	ozin rated 10 on (-10
502121		
. /		
Assessment: Altared	compart due to sols	of dislocated mandible
Plan: Refer to	MD.	,
efer to: PAT Physician	Mental Health	Dental
ducation: Patient	Educated Per par	o management transmisus
1150 ABC45GG	1 POGible 7-124 +	n management technique tratment.
otocol used: (specify)		
Brature Mi M Sun	Cham Title RA	Time 10:45 Date 2-6-03
	7	third Date 1 000

š		F CORRECTIONS			
TRANSF	ER & RECEIVI	ING SCREENIN	NG FORM		
CEIVED: Inmate/Health Record	RELEASED: Inmate/Heal	Ith Record	ALLERGIES:		
Astitution: Slaure	Institution: Bib	ط	NKI	1	
Date: 12/21/03 Time: 17 AMPM	Date: 12-1803 ime	414/044	1 1014	•	
RECEIVED FROM:	RELEASE FROM:	: AM/PM	PHYSICAL EXAM	') _	<b>~</b> ?
Institution/Work Release Center/Free-World Hospital	Infirmary	Segregation	Date of last exam	: 3-21-1	0.5
		Mental Health	1	·	
RECEIVING MEDICAL STATUS Population	Other		PPD Reading	3-21-03	3 - Ø
— · opulation	RELEASE TO:		Classification:		
Infirmary	DOC Infirm	ROF G	Limitations:	N age	
Isolation	DIRE	tre Umore	1		
LAB RESULTS LAST REPORT	Institution/Work Release C	Center/Free-World Hospital	YES NO		
Date Norm	nal Abnormal	Wears Glasses/Contac			
(D)		Dental Prosthesis		10/11/	<del></del>
Urinalysis		Hearing Aide		Hall Am	ull
		Other Prosthesis	Recie	eving Nurse	
CURRENT OR CHRONIC MEDICAL/DENTAL/MENTA	AL HEALTH PROBLEMS O	OR COMPLAINTS			W. 1
	$\sim$				
CURRENT MEDICATION DOSAGE AND FREQUE	NCY	MEDICATIONS [	Sent w / inmate	Not sent w /	
		X-RAY FILM	Sent w / inmate	Not sent w /	
	K	HEALTH RECORD [	Sent w / inmate	☐ Not sent w /	
		Released to:	Imore		
			18-02		
		Date:	3-18-03 Time:		
		MEDICATIONS [	☐ Received	Not Receive	
		X-RAY FILM L HEALTH RECORD	Received Received	Not Receive  Not Receive	
SCHEDULE FOR CHRONIC CARE CLINIC		CHART REVIEWED	TYËS /	☐ NOT Receive	.a
		Received by:	SALL Sne	H	
DATE: LAST CLINIC:			of Receiving Nurse	17	
FOLLOW-UP CARE NEEDED Date	Time - Maria Add	Date: 12/2	7	AMI	<del></del>
FOLLOW-UP CARE NEEDED Date  Medical Dental	Time With Who	om Location (Sending N	urse) Date//	Appt. Made w/Who	om (Rec. Nurse)
Mental Health					
Prug Use	Open Sore	Yes No	INTAKE		
Mental Illness	Lice	2	Sick Call Prod	cedures Explained	1 1/
Mental Illness Suicide Attempt	Edema Warm & Dr	v v	Height		1519
Chronic Care U	A SASSESSMENT TO THE PROPERTY OF THE PROPERTY		Weight		17/3
SS Special Diet	S Alert		Blood Pressu	re	9780
Special Diet  Appearance  Appearance	Alert Oriented Uncoopera Uncoopera Depressed	tive	Temperature Pulse Resp.		80-20
Wental Illness  Wental Illness  Wental Illness  Wental Illness  Suicide Attempt  Chronic Care  Wental Illness  Suicide Attempt  Chronic Care  OTHER PERTINENT NURSING ASSESSMENT  OTHER PERTINENT NURSING ASSESSMENT	Open Sore Lice Edema Warm & Dr Cool & Moi  Alert Oriented Uncoopera Depressed		Other		0000
2 E	1	111	, 1		
Signalura of Nices Complete	12-180		South	how	12/21/0
Signalure of Nurse Completing Assessment (Sending Nurse)  INMATE NAME (LAST, FIRST, MIDDLE)	Date	Signature of Infake Screening N	Jurse (Receiving Nurse)	Race/Sex	Dane FAC.
BOYD Courtne	V	2002	508	1 1 an	Bill

DIJE ME ZOOOG

Name Both Countrel	Middle Initial  AIS # 208 921
Date 1212-03 Allergies MILA	FacilityBUbb
sig. 1) mintax to tabs for - now	Discontinue Mutes
	Continue 7-1203 Increase 2 Du Lan UN
	Increase 2 Duchants
Physician Signature: V.O. Dr. Marcin Jank	Decrease
- :	Muggino, Cont
Name First	Middle Initial  AIS # _ S O S O R P /
DateAllergies	Facility 8180
SIG. PEBLOX 60	Discontinue
V. O. Sin. Moster M. March.	HAND I THE TOTAL OF THE TOTAL O
	1921/203
Physician Signature: WWSSine,	Constitution ( )
Physician Signature:	Decrease NC002
	110002
- Circl	Middle Instal
Name (70 Rirst (70 R T A T T T T T T T T T T T T T T T T T	Middle Initial  AIS # # 7 9 41
Date 10/9/07 Allergies	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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SIG. 1) CSC, CMC(14) Regard 1+ police	AIS # # 77 7 7 1 1 Facility Discontinue Notad
Date 10/9/07 Allergies  SIG. 1) CSC, CMP (14) Pages Hyslinia 1 Perroysia 2 th 710 PRVz	AIS # # 77 7 7 1 1 Facility Discontinue Notad
Date 10/9/07 Allergies  SIG.  1) CBC, CMP (H) Regard Hypolic  3) Perroggia 2 th 710 TRNg:  3) Zent 1502 01D x 60 25	AIS # Facility Discontinue Notad  Continue
Date 10/9/07 Allergies  SIG. 1) CSC, CMP (14) Pages Hyslinia 1 Perroysia 2 th 710 PRVz	AIS # # 77 7 12 1
Date 10/9/07 Allergies  SIG.  1) CBC, CMP (14) Regard 14 postion  3) Zant 1507 D x 600 2  Physician Signature:  4) Danble gants 23 Chyp (14)	AIS # Facility Discontinue Notacle Continue Increase Decrease
Date 10/9/07 Allergies  SIG.  1) CBC, CMP (14) Regard 14 podicion Signature:  4) Date 1502 D x 60 20  Physician Signature:	AIS # Facility Discontinue Notacle Continue Increase Decrease
Date 10 (9/07 Allergies  SIG.  1) CSC, CMP (14) Regard Hypolic  3) Zeat 1502 D x (20 2)  Physician Signature:  4) Daubli gards x2 Mys.  First  Name	AIS # Facility Discontinue Notad  Continue Increase Decrease  Middle Initial
Date 10 (9/07 Allergies  SIG.  Physician Signature:  4) Date Last First Part Allergies  Date Allergies  SIG.	AIS # Facility Discontinue Notad  Continue Increase Decrease  Middle Initial  AIS # 2089
Date 10/9/07 Allergies  SIG.  1) CBC, CMC (14) Raper 14 policy  3) Zent 1502 CD x (60 2)  Physician Signature:  4) Date Last First I	AIS # Facility Discontinue Notad Continue Increase Decrease NC002  Middle Initial AIS # Facility Discontinue
Date 10 (9/07 Allergies  SIG.  1) (SC, CMP (14) Report 14 policy  2) Bank 150	AIS # Facility Discontinue Notad Continue Increase Decrease NC002  Middle Initial AIS # Facility Discontinue

Name Build Crubbly Middle Initial	AIS# 20892)
Date 9903 Allergies NICP	Facility Bubb
sig. Zulenul 325mg tit Jako po	
TTO x 4 days	Discontinue
1 DX Carry	Continue
and and allow	Increase
Distriction Signature:	Decrease
Physician Signature:	NC00
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st First Middle Initial	0.0
Name Gy D Covrive	AIS# 308921
Date 3/6/22 Allergies NRA	Facility
SIG. 1) Weixt week x3	Discontinue
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d) Then off	15-03 M
	Increase S 254/1
Physician Signature:	Decrease
4 : ()	NC00
NameLast First Middle Initial	AIS#_ 403921
Date Allergies	Facility 246
SIG.	
1) Walter ( Lether ) file - 1 18 - MVE	Discontinue
silved trans are the x soly	Continue
31 D & Denty /	Increase
1	Decrease
Physician Signature: 4) Physic	NC002
Last First Middle Initial	
Name Andrews	AIS#333 9 */
Date Allergies SIG.	Facility 12
Sig. 1) CT cham ful gai . 16 gal etc.	Discontinue
	Continue
4) Wantel sention & I for your	Increase
	increase

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Name Coverne Middle Initial	AIS# 208 921
Name 6 19 (03) Allergies	Facility
SIG. 1) US Abduen supported done & 1-2000s	
	Continue
2 Al 45 is nettine, when CT storm	Increase
2) Hus in refitue, of le (7 steen Physician Signature: 3) Couter Portin \$20 dyp	Decrease
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Last ; First Middle Initial	
Name Board Courtnees	AIS#_20892/
Date 61308 Allergies WICH	Facility 31 bb
Bottom Beiple profile X 3dys only	Discontinue
elo dizziness/lightheaded.	Continue
VODR Delong Brumedon	Increase Walishis
Physician Signature:	Decrease 0830
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Name Blast Middle Initial	AIS# 207921
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Physician Signature:	Decrease
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Last First Middle Initial	
Name (Send Conty	AIS# 201.921
Date 4/1765 Allergies Allergies	Facility (770)
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Name	_ AIS#
Date Z(28(a) Allergies 6	Facility Bibb
SIG. Dappl = A Delay	Discontinue Alle RA
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Physician Signature: Wolf caro	Decrease
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Name Boyd Courtes Middle Initial	AIS# 268951
	Facility Pub 1
SIG. Mental Health Coralt pte mitiple sometre complants.	Discontinue 4
Carposter	Continue S
	Increase 157/3
Physician Signature: Offel (2000)	Decrease
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Name Sout d, Courthy First Middle Initial	AIS# 20892/
Name Soy d Courling First Middle Initial  Date 2/25/03 Allergies NKA	AIS# 20892/ Facility Sell
Date 2/25/03 Allergies NKH	AIS# 20897/ Facility Belly
Date 2/25/03 Allergies NKH	Discontinue & Smills
Date 2/25/03 Allergies NKH	
Date 2/25/03 Allergies NKH SIG. Julenal PRN Lid X 3 days V/O Dr Delong / E. Smither	Discontinue & Smills
Date 2/25/03 Allergies NKH	Discontinue & Smiths  Continue 2/25/03  Increase 926  Decrease
Date 2/25/03 Allergies NKH SIG. Julenal PRN Lid X 3 days V/O Dr Delong / E. Smither	Discontinue & Smiths  Continue 2/25/03  Increase 926  Decrease
Date 2/25/03 Allergies NKH  SIG.  July Lid X 3 day  W/O De Delong / E. Smither  Physician Signature: Cliftly Carp	Discontinue & Smiths  Continue 2/25/03  Increase 926  Decrease
Date 2/25/03 Allergies NKH SIG. Julenal PRN Lid X 3 days V/O Dr Delong / E. Smither	Discontinue & Smiths  Continue 2/25/03  Increase 926  Decrease
Date 2/25 03 Allergies NKH  SIG.  June Physician Signature: Clifty CRAP  Name Boyd, Openation  Date 2/25 03 Allergies NAM	Discontinue & Smills  Continue 2/25/03  Increase 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Date 2/25/07 Allergies NKH  SIG.  July and PRN field X 3 day  Whysician Signature: Cliffly CRAP  Physician Signature: First Middle Initial  Name 2/25/03 Allergies NKH  SIG.	Discontinue & Smills  Continue 2/35/03  Increase 9 m  Decrease  NCO
Date 2/25/03 Allergies NKH  SIG.  Hence PRN Led X 3 darp  Wolf Delang /E. Smither  Physician Signature: Clifch CRAP  Name Bodd, Open First Middle Initial  Date 2/25/03 Allergies NA  SIG.	Discontinue & Smills  Continue 2/35/03  Increase 9 m  Decrease  NCO  AIS # 2089 2/  Facility Bibb  Discontinue 2/25/03
Date 2/25/03 Allergies NKH  SIG.  Hence PRN Led X 3 darp  Wolf Delang /E. Smither  Physician Signature: Clifch CRAP  Name Bodd, Open First Middle Initial  Date 2/25/03 Allergies NA  SIG.	Discontinue & Smiths  Continue 2/35/03  Increase 9 20  Decrease  NCO  AIS # 20892/ Facility 8 bh  Discontinue 9 2003  Continue 9 2003
Date 2/25/07 Allergies NKH  SIG.  July and PRN field X 3 day  Whysician Signature: Cliffly CRAP  Physician Signature: First Middle Initial  Name 2/25/03 Allergies NKH  SIG.	Discontinue & Smills  Continue 2/35/03  Increase 9 m  Decrease  NCO

Name Doy d Guranas Middle Initial	_ AIS #_ 70 865f
Date 2/25/0 Allergies B	Facility Bing
SIG. O CAncel Double trais (Phaltered Pinh slep) from 302015 to 80 days	Discontinue
	Continue NS13010
	Increase The Contract of the C
Physician Signature: All Holls can	Decrease /
	NCOX
-	
Name Zast Middle Initial	AIS#_ 208921
Date 2 (7/03 Allergies NKA	Facility Bule 10
SIG. UTCBC, CMB(14), TB, TY, HIV	Discontinue Tutul
rontoner, 46-Dove-jul ERL	Continue C S 20
MONTHMERY 4C-DONE)- jus ERL	
Physician Signature: 4) U/A 10 day - 21 just wight loss	Decrease Decrease
S) ROC (north	NC00
-	
Last First Middle Initial Name Court 4	008001
1 502	AIS# 200 601
/ worges	Facility STATE
SIG. O appt he Spederbele	Discontinue V 8/03
	Continue Lysm
O(A)	Increase SylwRu
Physician Signature: Cliffickyo	Decrease
	NC00
Name Boyo, Collettles Middle Initial	AIS# 208921
	AIS# 208921 Facility BEBB
Name Bourd, Bluttles	05/8
Name Boych, Bluttles  Date 17103 Allergies NICH  SIG.  Date 1703 Allergies NICH  SIG.	Facility Bill
Name Bouch Bluttles  Date 17103 Allergies NICH	Facility BEGG  Discontinue 1/2/03



### **PHYSICIANS' ORDERS**

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NAME:	DIAGNOSIS (If Chg'd)
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NAME:	DIAGNOSIS (If Chg'd)
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NAME: Payd Courtney	DIAGNOSIS
NAME: Doyd, Couriney	Bactain DS - po BIDX Indays
Staton 22 20001 a	Of the state of th
OR OUD IN	10 Hall ipform inmite
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ALLERGIES NKA	278
3	70
Use First Date / 01 8 169	GENERIC SUBSTITUTION IS NOT PERMITTED THAN THE CRUST
	- I may juice the



### **PHYSICIANS' ORDERS**

NAIE: Boyd, Courtney	DIAGNOSIS (If Chg'd) appt. 10/12(1)
208921	Back Bracex Comerths
D.O.B.	naprosyn 375 mg - po gd x 14 dags V
ALLERGIES: 1 Rotal	HCCL Disit & Months 7/4 Backpain
Use Last Date 3/3/04	GENERIC SUBSTITUTION IS NOT PERMYTED TO LICENT
NAME: Boyd, Courtney	DIAGNOSIS (If Chg'd) HCU Flu for Brack PAIN, / Abd DANS
208921	(W).
D.O.B. ALLERGIES:	appt. 8/12 M. Helix
Use Fourth Date 8/6/04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Boyd, Courtney port	DIAGNOSIS (If Chg'd) (BP
Skill 208921	Book france & 60 days
D.O.B. ALLERGIES:	
ALLERGIES:	A
Use Third Date V / 104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Boyd, Courtney	DIAGNOSIS (If Chg'd)
208921	HU VISIT TODAY (GOLD)
D.O.B.	NOW
ALLERGIES: NAM	
Use Second Date 5 J804	GENERIC SUBSTITUTION IS NOT PERMITTED)
NAME: Boyd, Courtney 208921 Station Des	DIAGNOSIS LBP-requests look live
208921 States Sty	pt may have book true x 40 days
D.O.B.	Moten 600 mg BID X 5 days
ALLERGIES: NKDA	
Use First Date 5/8/04	GENERIC SUBSTITUTION IS NOT PERMITTED
	MEDICAL RECORDS COPY .



Print Name: Date of Request: 6-2-04
ID # 208911
Nature of problem or request: I have been having problem with my
Trant and with my t.b and my back. This is my third time
Complineing who these probleps!
Cortolo Po
Signature
DO NOT WRITE BELOW THIS LINE
 Date: 6/3/04
 Time: 6:10 AM PM RECEIVED
Allergies: _NC4 Date:
Receiving Nurse Intials
(S)ubjective: 1 00 of free le force of the left it B & C
(S)ubjective: fleed back brace Ilmore took it Bible
gone it you 30 days
(O)bjective (V/S): T: 98 P: 68 R: 20 BP: 1/975 WT: 168
West Iku w/ less clase an bulgtory 3
defigulty good ROW & Sweller Flenders
(A)stessment:
alteration in comfort
,
(P)lan: N. D. to Rexue
Refer to: MD(PA) Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE  Check One: ROUTINE ( EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes () No (1)
Was MD/PA on call notified: Yes () No ()
(1115.+h(n))
SIGNATURE AND TITLE
SIGNATURE AND TITLE

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(S)ubjectiv	ve: Back hurtingt	Polace W	oek on	farm Muy	back
(O)bjectiv	e (V/S): T:	) M 4 P: 80	R: 21	BP: 110/70	) wt:/
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(A)ssessm		J			~ l
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(P)lan:	mb to	0			
Refer to:	MD/PA Mental	l Health Dental CIRCL	•	Return to Clin	ic PRN
		EMERGENC IS supervisor notifi D/PA on call notifi	Y ( )	40 (Y	



Print Name: Date of Request: 7-29-01
ID # 20892/ Date of Birth: Location: A-3-97
Nature of problem or request: Thate begge have les problems and back
problems, and my right arm is hurting. Also I had not
halterians and my Stomach from eating some ment out of
the Kitchen cat bibb Co. Corr. Fac. and now my Stomach is in
Serious Pours. NIO I 1055 20 Prantis in Country Page
Signature
DO NOT WRITE BELOW THIS LINE
Date: / /
 Time: AM PM RECEIVED. 6
 Allergies: Date: 29 Sulut Show
 Time: 85 CPM 0.0
Receiving Nurse Intials <u>KU</u>
(S)ubjective:
 (O)bjective (V/S): <u>T:</u>
(A)ssessment:
(P)lan:
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )
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SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE



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(O)bjective (V/S): <u>T:</u>	<u>P:</u>	<u>R:</u>	BP:	
(A)ssessment:				
(P)lan:				
Refer to: MD/PA Mental Ho	ealth Dental D CIRCLE EMERGENCY Supervisor notified	ONE ( )	Return to Clin	iic P

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ID# 27000/		ate of Bir		Location: 🔟	1-7-97
Nature of problem or request:		ale p	par most	Lock a	ortinar
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(P)lan:					¥.
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### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

	Print Name: Courtner Box Date of Request: 2-10-05
	ID # 208921 Date of Birth: Location: C-7-95
	Nature of problem or request: I need to get my new beek brace,
	and Profile, ALLO my exes are still on want me products. I
	need some TOP Crimer I need to see the Doctor which my
	buck exiving me Pains
	Court Bott
	Signature
	DO NOT WRITE BELOW THIS LINE
	Date: $0^{\frac{1}{2}}/11/0^{\frac{1}{2}}$
	Time: RECEIVED RECEIVED
	Allergies: NG Date:
	Time:
	Receiving Nurse Intials
	(S)ubjective: I need a new back brace, renew profiles,
(2)	eye.
	100
	(O) biective (V/S): T: $\frac{9}{1}$ P: $\frac{72}{2}$ R: $\frac{18}{8}$ BP: $\frac{53}{5}$ WT: $\frac{1}{6}$
Dan	I want how brace, has been ussied some below
Leg	with the bounded Requests eye atts. D Trainary Drain
Ylore	en suge a 1 0 superior 1 10 su
	(O) bjective (V/S): T: 97. 6 P: 72 R: 18 BP: 53 WT: 165 wests new book brace, has been issued some before. Et stye to 1 (D) egelid. Requests by gtts. of drainage of FERM (A) ssessment: attention in Comfact
	(==,,==================================
	(P)lan: /Let to review
	(1) lan. 1 v v v
	Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
	CIRCLE ONE
	Check One: ROUTINE ( ) EMERGENCY ( )
	If Emergency was PHS supervisor notified: Yes ( ) No ( )  Was MD/PA on call notified: Yes ( ) No ( )
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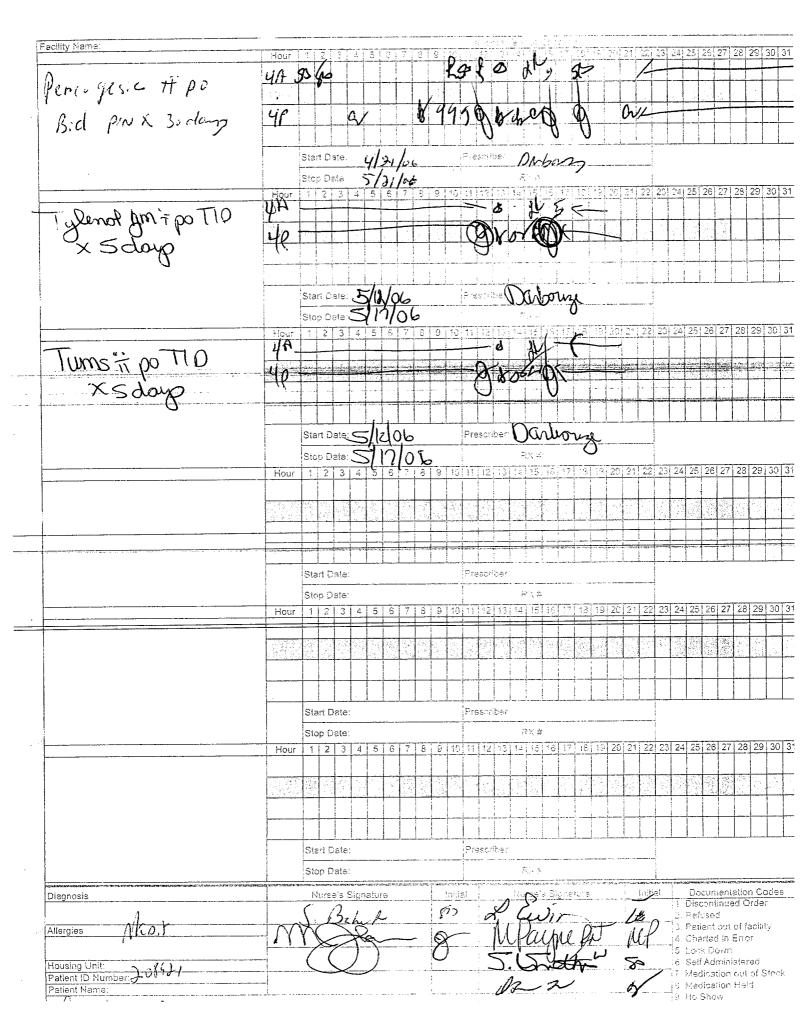


## PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Courtney Boyd Date of Request: 11-17-64
ID # 208921 Date of Birth: Location: A-3-97
Nature of problem or request: This is my second time complainting about these
Problems. I need my to have my double tray Prosile renew and
my back is still giving me Problems. It hat the
file auso, and I nead to Be seen by doctor
CONTEND BAT
Signature
DO NOT WRITE BELOW THIS LINE
Date: 11 /18/ 04
Time: 1830 AM PM) RECEIVED
 Allergies: NKDA Date:
Time:
Receiving Nurse Intials
 and A abouted: Cla larger by 1, as in De man
 (S) ubjective: As Hated above; do lower back pain from
(8) ubjective: As stated above; Go lower back pain from injury received in 2003;
(O)bjective (V/S): T: $99^{\circ}$ P: $84^{\circ}$ R: $20^{\circ}$ BP: WT: $46^{\circ}$
en de la companya de La companya de la companya del companya de la companya del companya de la companya del la companya de la
 (A) ssessment: Potient wearing back breize & c/o cold/the synfo
(A) ssessment: Potient wearing back breize & CO wild / the springer
$\mathcal{L}_{\mathcal{L}}$
(P)lan: MD/PA/NP +00 wt 12/21
(P)lan: MD/PA/NP +00 wt 12/21
111
71
Refer to: MD/PR Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )  Was MD/PA on call notified: Yes ( ) No ( )
LA LA LA Kuse Tu Camp
SIGNATURE AND TITLE 11-14-04
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Print Nam	ne: Courter Buy	1	Date of Reques	st: <u>//-//84</u>	<u></u>
ID#		Date of Birt	th:	Location: A -3	-97
Nature of	problem or request:	need to h	INE MY down	We tray prot	:/e
renew	(and my buck;		ing me floble	ens, my eye	1 arc
CIVER	G Mr Problems a	5 Will.			<del></del>
		Reg	queto to see	the Doctor	<del></del>
			Courtey L	<i>201</i>	
	DO NO		OW THE LINE	Signature	
	DO NO	) I WKITE BEL	OW THIS LINE		
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Allergies:			Date: 17-12 Time: 1905 Receiving Nurs	se Intials M	
(C) 12 -4	. II T Dead	1000	Ne On	tion T	AM
(S)ubject	ive: I TEEL	- a an	DIC PUI		Un V L
	a whight.	I'm St	u nani	ngipron	lens with
my	back, my	elle 12	o SHill S	wollen.	//
(O)k!4!	ve (V/S): T:	$\frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \right)$	R: 16	BP: 1/2/6	WT:140
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(A)ssessi	nenc.	~~ · ~	$C \sim C \sim C \sim$	+	
	Will att	CAI (AC)	Conter	1	
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## MEDICATION ADMINISTRATION RECORD

STDT01 SMEDICATIONS		9,10 1) 12 13 14 15 16 17 18 19 20	412622567 <u>52</u>
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KILBY CORRECTIONAL FACT PO BOX 11 MT. MEIGS, AL 36057

PATTENT NAME

PRISON ID

PRISON ID

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	TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
	HIV ANTIBODY		NEGATIVE (NEG)	
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	URINALYSIS			
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	рН		pH 5- pH 6	
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	GLUCOSE		NEGATIVE (NEG)	
	KETONES		NEGATIVE (NEG)	
	BILIRUBIN		NEGATIVE (NEG)	
	BLOOD			
	NITRITE			
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	SPECIFIC GRAVITY	<u>.                                    </u>	1.016-1.022	

"A" These results are unreliable due to the age of the specimen.

"H" These results are unreliable due to the hemolyzed condition of the specimen.

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WAYNE D. MERCER, PHD LABORATORY DIRECTOR

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	Boyd Courtney	Ву:	øL		w	u	W							F-ST			Sp	P	BC	) JIM	MC		Dat	e: 0	S/ FAD	18